



RENOVATION REGULATION 11, Rule 2

Notification Form

For Office Use Only

J# _____
I# _____

Site of Renovation

Notification must be submitted with payment

Site Address: _____ Cross Street: _____
City: _____ Zip: _____ Phone () _____
Owner/Operator _____ Specific Location: _____
Check One: ☐ Single-Family Dwelling ☐ Owner-occupied Condominium ☐ Multifamily Dwelling ☐ Commercial ☐ Govt Bldg ☐ School

Contractor/Individual Performing Renovation

Name: Company/Individual _____ Contact: _____
Mailing Address: _____
City: _____ Zip: _____ Phone: () _____
Have you previously submitted notifications for other sites? ☐ Yes ☐ No

Description of Renovation

☐ Renovation ☐ Planned Renovation (attach work schedule) ☐ Cumulative Renovations (each < 100 sq or lin ft).
Material Description: _____
Method(s) of Removal: * _____
Total removal amounts ** of friable asbestos material only: _____ lin ft OR _____ sq ft OR _____ cu ft

* If method is Dry Removal, attach a letter to this form requesting conditional approval for dry removal. (Dry removal includes, but is not limited to, shot/bead blasting of mastic.)

** Indicate how much of this, if any, involves dry, bead blast, or shot-blast removal: _____

Dates of Renovation: (Actual dates must be entered, "ASAP" or "Soon" will be rejected.)

Start Date: _____ Completion Date: _____ ☐ Weekend Work ☐ Night Work (After 5 PM)

Waste Transporter Information

Disposal Site Information

Name: _____ EPA ID# _____
Address _____
City _____ Zip: _____
Contact: _____ Phone () _____

Landfill Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Emergency Renovation Only

Date of Emergency: _____ Time: _____ Description of event and an explanation of how the event has caused unsafe conditions or would cause equipment damage: _____

Form Preparation Information

This form prepared by: _____ Title: _____
Name: Company/Individual _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____

See Page Two to Complete This Form

Required Information

Payment must be received before J# will be assigned. See Schedule L of Regulation 3 for appropriate fees.

Payment type: ☐ Cash ☐ Check ☐ Money Order ☐ Credit Card (Visa, MasterCard Only)
(payments, other than credit card payment, must be mailed or delivered to: 939 Ellis St., San Francisco, CA 94109)

I certify that an individual trained in the provisions of Regulation 11, Rule 2, will be on site during the renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

Signature of Contractor or Person Performing Renovation: _____

I certify that the above information is correct and that I will comply with all of the requirements of the BAAQMD's regulations, as well as all other applicable federal, state and local requirements.

Signature of Contractor or Person Performing Renovation: _____

GENERAL INFORMATION

- ♦ This notification form shall be used to notify the BAAQMD of asbestos removal (**renovation**) operation only. Notification is required for each renovation where the amount of Regulated Asbestos-Containing Material (RACM) is greater than or equal to 100 square/linear feet, or for any dry removal. All boxes must be completed. Appropriate fee payment must accompany each notification. Notifications may be faxed to (415) 749-4658, but job numbers will not be issued unless accompanied by a valid credit card authorization or until a valid check, cashier's check or money order for applicable fees is received.
- ♦ Notification shall be provided to the District at least 10 working days prior to commencement of renovation, or as early as possible prior to commencement of emergency renovation. The notification period will not start until a complete notification is submitted.
- ♦ An Acknowledgement Letter is mailed to the contractor/individual listed within 3 days of receipt of a complete notification. This should be checked for accuracy of data.
- ♦ If the job is postponed or cancelled, the District **must** be notified by a revision; the Acknowledgement Letter should be used to fax or mail the revision information. When cancelled, a cancellation fee will apply.
- ♦ For specific "Emergency" conditions, the 10 working day period will be waived. Notification must be made by fax and the job number will be issued if accompanied by a valid credit card authorization form, or a faxed copy of a valid check or money order.
- ♦ For residential structures with 4 or fewer units, the 10 working day period may be reduced to 72 hours for an additional fee.

INSTRUCTIONS

- ♦ **SPECIFIC LOCATION OF PROJECT:** Identify where the renovation is taking place if the site contains more than one building, or if the building has multiple floors.
- ♦ **START AND COMPLETION DATES:** The start date is the date on which removal commences. Any revision to the start or completion dates must be submitted prior to the previously notified date(s). Under no circumstances may the revised start date be earlier than the 10th working day following the postmark or fax date of the original notification. If the start date is unknown, enter an estimated start date and revise the notification when the actual start date is known, but not later than the estimated start date.
- ♦ **MATERIAL DESCRIPTION:** Indicate the type of RACM being removed, e.g., pipe lagging, acoustical ceiling, thermal system insulation, asbestos insulated heating ducts.
- ♦ **METHODS OF REMOVAL:** Indicate the methods and procedures you will use to comply with the standards in Reg. 11-2. If the method involves dry removal, follow the instructions on the form.
- ♦ **REMOVAL AMOUNT:** Indicate the amount of RACM to be removed. If the job involves wet and dry removal, indicate the total for both. Indicate how much of this total amount involves dry removal on the line marked **. Non-friable asbestos removal is exempt from notification unless it is made friable during renovation activity.
- ♦ **DISPOSAL SITE INFORMATION:** Indicate the name of the disposal site where the RACM will be deposited.
- ♦ **WASTE TRANSPORTER INFORMATION:** Indicate the name of the transporter of RACM. The State of California considers RACM a hazardous waste, therefore, a contractor is required to obtain an EPA number (ID#) to qualify as a waste hauler.

FEES APPLICABLE TO RENOVATION OPERATIONS (FROM REGULATION 3, SCHEDULE L)

Asbestos removals **conducted at a single family dwelling** or **owner-occupied condominium** are subject to the following fees:

OPERATION FEE:	\$93	for amounts 100 to 500 square feet or linear feet.
	\$343	for amounts 501 square feet or linear feet to 1000 square feet or linear feet.
	\$499	for amounts 1001 square feet or linear feet to 2000 square feet or linear feet.
	\$686	for amounts greater than 2000 square feet or linear feet.

Cancellation: \$45 of above amounts non-refundable, for notification processing.

Asbestos removals **conducted at a single family dwelling or multiple family dwelling with four or fewer units with 72 hours instead of 10 working days prior notice (excluding emergencies)** are allowed upon payment of the following **additional** fee:

OPERATION FEE: \$312

Asbestos removals, **other than those conducted at single-family dwellings** or **owner-occupied condominiums**, are subject to the following fees:

OPERATION FEE:	\$264	for amounts 100 to 159 square feet or 100 to 259 linear feet or up to 35 cubic feet.
	\$382	for amounts 160 square feet or 260 linear feet to 500 square or linear feet or greater than 35 cubic feet.
	\$555	for amounts 501 square feet or linear feet to 1000 square feet or linear feet.
	\$818	for amounts 1001 square feet or linear feet to 2500 square feet or linear feet.
	\$1167	for amounts 2501 square feet or linear feet to 5000 square feet or linear feet.
	\$1602	for amounts 5001 square feet or linear feet to 10000 square feet or linear feet.
	\$2038	for amounts greater than 10000 square feet or linear feet.

Cancellation: \$126 of above amounts non-refundable, for notification processing.

Floor mastic removal using mechanical buffers and solvent is subject to the following fee:

OPERATION FEE: \$188 for 100 square feet or more

Cancellation: \$45 or \$126 of above amount non-refundable for notification processing

CREDIT CARD PAYMENT FORM (Visa and Mastercard ONLY)
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for Demolition and Asbestos Job Notifications Use Only
For multiple notifications, please use a separate form for each job
*Refer to **Regulation 3, Schedule L** for Fees*

Site Address _____

City _____ Zip _____

Project Description:

Demolition _____ *Amount Paid* \$ _____

Renovation _____ *Amount Paid* \$ _____

Removal Amount (of regulated asbestos):

_____ lin ft _____ sq ft _____ cu ft

PAYMENT TYPE:

Master Card ☐

VISA ☐

CREDIT CARD INFORMATION

Name _____

Company Name _____

Card No. _____

Billing Address Zip Code _____

CVV2 Code (3 digit code on reverse side of card) _____ Expiration Date _____

FOR ADMIN USE ONLY:

Authorization # _____

Date _____

Invoice # _____

Job # _____